



TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/869,777	
	Filing Date	September 21, 2001	
	First Named Inventor	Suzanne V. Smith	
	Art Unit	1616	
	Examiner Name	Hartley, Michael G.	
Total Number of Pages in This Submission		Attorney Docket Number	11184.00002

ENCLOSURES (check all that apply)						
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Certificate of Express Mailing Return Receipt Postcard				
<table border="1"><tr><td>Remarks</td><td>Being filed via Express Mail No.: EV363910859US</td></tr><tr><td colspan="2">The Commissioner is hereby authorized to charge any deficiencies in payment or credit any overpayment to our Deposit Account No. 19-0733.</td></tr></table>			Remarks	Being filed via Express Mail No.: EV363910859US	The Commissioner is hereby authorized to charge any deficiencies in payment or credit any overpayment to our Deposit Account No. 19-0733.	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Robert H. Resis Reg. No. 32,168
Signature	
Date	September 3, 2004

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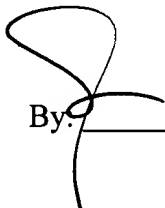


CERTIFICATE OF MAILING
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By:  _____

Application of: Suzanne V. Smith et al.

Application No.: 09/869,777

Filing Date: September 21, 2001

Title: Cryptate Compounds and Methods for Diagnosis and Therapy

Transmitted herewith are the following documents:

- X Transmittal Form, 1 page
- X Fee Transmittal Form, 1 page (in duplicate)
- X Petition for 1 month extension of time, 1 page
- X Response to Office Action Mailed May 3, 2004, 14 pages
- X Return Receipt Postcard

Attorney Case No.: 06005.00002